

mental healthcare as their largest healthcare gap, with the greatest access challenges occurring during the transition between college and employment. Other healthcare gaps included: dental, vision, nutrition, vaccines, prescription drugs, and primary care.

In addition to financial barriers to healthcare, Dreamers reported limited knowledge about how to obtain and utilize health insurance, as well as limited trust in insurance and healthcare providers. Dreamers spoke about a long-standing hesitance to disclose their documentation status to healthcare providers for fear of legal censure and negative stereotyping. They reported that they would be more likely to utilize healthcare if they learned about it from trusted sources, including parents, friends, churches, and Dreamer advocacy organizations. They also suggested a variety of media resources which could most effectively disseminate information about health insurance and healthcare to this population.

While growing up with an undocumented status limited Dreamers' access to healthcare, they also identified some protective effects of their status, including personal resilience and close family and community bonds. Dreamers also reported avoiding high risk sexual and substance related behaviors to prevent interactions with healthcare providers and the legal system for fear of deportation.

**Conclusions:** This is the first study to describe the barriers to healthcare and health challenges facing the Dreamer population. Major barriers to healthcare include limited financial resources and distrust in the healthcare system due to discrimination and fear of legal censure. Despite these barriers, Latino Dreamers want additional access to health services, including mental health and primary care. The Dreamers suggested using media, churches, advocacy groups, peers, and families to disseminate information about changing healthcare policies as state and federal programs reaching Dreamers evolve.

**Sources of Support:** Blue Shield Foundation of California.

#### 34.

##### ACCESSING HEALTHCARE: EXPERIENCES OF URBAN YOUTH

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**Purpose:** To explore the attitudes and beliefs about accessing general and sexual health care among urban adolescents and to identify barriers to care.

**Methods:** We recruited adolescents aged 14–18 years from urban community organizations for this focus group study. The discussion guide was based on the Theory of Planned Behavior and its constructs: attitudes, subjective norms, and perceived behavioral control. A professional moderator conducted six semi-structured, gender-specific sessions, which were audio-taped and transcribed. Three study team members read all transcripts, summarized key findings into memos, and assigned first-level codes. Memos were shared and first-level codes were grouped into categories. Each category was named with a descriptive term and definitions were formulated. Team members then independently recoded transcripts using the categories and recorded new categories as identified. Memos were shared at a second meeting and categories were clustered into themes. Each member then reread the transcripts to ensure thematic fit for all focus group content. A fourth

team member reviewed the transcripts and a final summary memo to uncover possible areas of interpretive disagreement. Triangulation and consensus were used throughout to maximize reliability. Participants completed a brief, written survey assessing health behaviors, care utilization, and demographics before the sessions. Quantitative results were summarized using standard descriptive means.

**Results:** Fifty subjects participated. Mean age was  $15.5 \pm 1.3$  years; 64% were female; 90% were Black; 53% reported previous sexual activity. Nearly one third (30%) did not use a condom at last intercourse. Many (22%) lacked a health check-up within the past 12 months and 35% of sexually active youth had never had a health visit for birth control or sexually transmitted infection (STI) testing. Overall, most youth valued the idea of a medical home. Many thought having a medical home could facilitate more efficient and accurate care. Participants were divided on whether they trusted doctors and healthcare providers. Factors contributing to mistrust included: lack of established relationship, fear of the unknown, poor communication, and perceptions of lying by the doctor. Many subjects expressed a fear of being experimented on which might include unneeded tests, physical exams, or treatments. Most participants identified their mother as an important referent for accessing both health information and care. Adolescents felt sexual healthcare was more challenging to access, compared to general healthcare. Adolescents expressed limited behavioral control in accessing care because of discomfort, fear, confidentiality concerns, and time constraints. Fear was described as a major factor influencing decisions for accessing care, mistrust in the health care system and providers, and desire for parental involvement in care.

**Conclusions:** Urban, minority youth placed value on a medical home and adult influences but many described mistrust of doctors and barriers to accessing care. These findings can inform future interventions to improve access to care and care-seeking behaviors among disadvantaged youth.

**Sources of Support:** This work was supported in part by Frontiers: The Heartland Institute for Clinical and Translational Research (University of Kansas Medical Center's CTSA; KL2TR000119-02).

#### 35.

##### "SHE THOUGHT THAT THE GIRL HAD JUST MADE IT UP": PRIMARY CARE PROVIDER PERCEPTIONS OF PARENTAL BARRIERS TO ADOLESCENT DEPRESSION CARE

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**Purpose:** Only a third of adolescents with a major depressive episode receive care. Symptom severity, attitudes toward treatment, structural barriers to care, and quality of parent-adolescent communication contribute to whether parents seek mental health care for their child (Logan, 2001). If parents do not identify or acknowledge that depression is a problem, the adolescent is less likely to get care (Tanielan 2009, Logan 2002). Little is known about how primary care providers (PCPs) identify and approach these parental barriers. This qualitative study explored PCP attitudes and approaches to parental barriers to adolescent depression care.

**Methods:** We conducted qualitative interviews with 15 PCPs. Participants were recruited from a larger PCP study on treating